

Consent form for use of health data and samples
for research purposes – for minor patients aged
14 to 17 years

Patient label

Patient last name and first name

Patient date of birth

Last name and first name of legal representative

Address and phone number of legal representative

Indicate relationship to patient

Email address of legal representative

A I consent to my medical data and samples collected during my care (consultations and hospital stays), previously and in the future, being kept, passed on and used for research purposes.

YES

NO

If you ticked "YES", please respond to statement B. If you ticked "NO", please go directly to point C.

B I consent to another blood sample being taken for the CHUV Genomic Biobank (BGC) for genetic analyses for research.

- A blood sample will only be taken if my state of health allows it. The quantity of blood taken will not exceed 7.5 ml (the equivalent of a tablespoon).
- **It will be taken at the same time as a blood sample that is already needed for my care, to avoid another needle prick.**
- The blood collected will be used to carry out genetic analyses for research purposes

YES

NO

However you respond, please go to point C.

C Confirmation of my decision

I have understood:

- the explanations on the use of medical data and samples by researchers;
- that I can contact the Research Consent Unit at CHUV (see contact details at the bottom of this form), a doctor or nurse at CHUV for more explanations and to ask any questions I may have;
- that my data and samples are protected and will only be used for research in a coded or anonymised form;
- that my data and samples may be used in research projects carried out in Switzerland or in other countries;
- that my data and samples may be passed on to laboratories, hospitals and universities but also to businesses that makes medicines and tests to diagnose diseases;

Please turn over

- that the researchers may analyse the genes in my cells;
- that I may be contacted if any results that are important for my health are discovered by researchers;
- that my decisions are free and voluntary and will not change anything about my medical treatment;
- that my decisions are valid until I am 18 years old, unless I change my mind in the meantime;
- that I may withdraw this consent at any time, without having to explain why;
- that once I am 18 years old, I will have another opportunity to decide whether or not to take part in research;
- that if I tick "NO" for statement A, my clinical data and samples cannot be used for research;
- that if I do not sign the consent form, the law provides that my data and samples may be used on an exceptional basis if the relevant ethics committee grants special authorisation;
- that if I am over 14 years old and I have understood this information in full, I can sign the consent form myself, but that the signature of one of my parents or my legal representative is advised.

Place and date

Signature of patient

Place and date

Signature of legal representative

Tick this box **only** if the person concerned does not have decision-making capacity and cannot sign this document. **In this case, it must be signed by their legal representative.**

A parent who signs this form must inform the other parent.

Please do not hesitate to contact us if you have any questions or comments.

